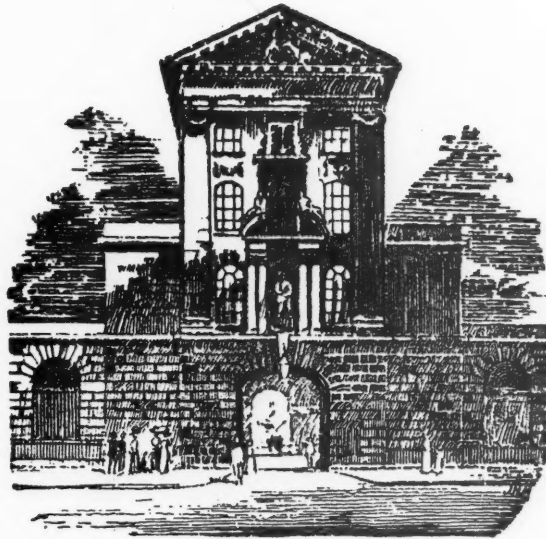


ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXV.—No. 8.

MAY, 1928.

[PRICE NINEPENCE.]

CONTENTS.

	PAGE		PAGE
Calendar	113	Consultations. By F. H.	125
Editorial Notes	113	Gems from the Out-patients	126
The Beginnings of Bacteriology at Bart.'s. By Sir Frederick Andrewes, F.R.S. (concluded)	116	Correspondence	126
Pre-Listerian Reminiscences. By W. H. T. Winter, M.R.C.S., L.R.C.P.	118	Recent Books and Papers by St. Bartho- lomew's Men	127
Cases of Meningitis Associated with Bacilli of the Pfeiffer Group. By E. R. Cullinan, M.D., M.R.C.P.	118	Acknowledgments, etc.	128
A Case of Perforation of the Gall-Bladder. By W. Smith, M.A.(Camb.)	121	Examinations	128
An Orthopædic Disaster. After G. Flaubert	122	Changes of Address	128
Annotation:		Appointments	128
Strangulated Inguinal Hernia in an Infant	124	Births	128
		Marriages	128
		Silver Wedding	128
		Deaths	128
		Index to Advertisements	ii

INDEX TO ADVERTISEMENTS.

		PAGE			PAGE
Allen & Hanburys Ltd.	Ophthalmoscope	xi	Fellows	Compound Syrup of Hypophosphites	xvi
Alliance Drug and Chemical Co.	... ..	viii	Gieves, Ltd.	Royal Naval Medical Service	viii
Benger's Food ... ..	... ..	viii	Hall & Sons, Ltd.	"Ideal" Boots and Shoes	ix
Books—			Lewin & Co.	Sports Outfitters	xiv
Adlard & Son, Limited	The Fundus Oculi	iii	Maw, Son & Sons, Ltd.	"Tensile" Glove	xvi
	The Puerperium	iii	Medical Sickness, Annuity and Life Assurance Society, Ltd.	... ..	ix
Arnold, Edward, & Co.	Publications... ..	iii	Millikin & Lawley	Microscopes, Instruments, etc.	viii
Cassell & Co., Ltd. ...	Books for Medical Students	vii	Paripan, Ltd. ... ..	... ..	xv
Churchill, J. & A. ...	Publications... ..	vi	Parke, Davis & Co. ...	Gland Products	x
Lewis, H. K., & Co. Ltd.	Books for Students	iv	Pedestros Limited ...	Artificial Limbs	xv
Livingstone, E. & S. ...	Latest Publications	v	Ronuk ... ..	... ..	xiv
Cadbury Bros.	Bournville Cocoa	xi	St. Bartholomew's Hospital	Medical College ...	xii
Cholmeley, M. A. ...	Private Mental Hospital	ii	Ditto	Preliminary Scientific Department	xii
Down Bros.	Specialities	xiv	Ditto	Scholarships; Bacteriology	xii
Edme, Ltd.	Malt and Cod-Liver Oil	ii	Ditto	Fellowship Classes; Entrance Scholarships	xiii
Evans & Witt	Booksellers, Stationers, etc.	xiv	St. Bartholomew's Trained Nurses' Institution	ii
			Virol	x

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St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

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CALENDAR.

- Tues., May 1.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Wed., „ 2.—Surgery: Clinical Lecture by Sir Holburt Waring.
Cricket Match v. Wanderers' C.C. Home.
- Fri., „ 4.—Medicine: Clinical Lecture by Dr. Langdon Brown.
Prof. Fraser and Prof. Gask on duty.
- Sat., „ 5.—Cricket Match v. Southgate. Home.
- Mon., „ 7.—Special Subject Lecture by Mr. Rose.
- Tues., „ 8.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Wed., „ 9.—Surgery: Clinical Lecture by Sir Holburt Waring.
View Day.
- Fri., „ 11.—Medicine: Clinical Lecture by Dr. Morley Fletcher.
Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Sat., „ 12.—Cricket Match v. Hampstead. Home.
- Mon., „ 14.—Special Subject Lecture by Mr. Elmslie.
- Tues., „ 15.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
- Wed., „ 16.—Annual Athletic Sports at Winchmore Hill.
- Thurs., „ 17.—Ascension Day.
Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Fri., „ 18.—Medicine: Clinical Lecture by Sir Thomas Horder.
- Sat., „ 19.—Cricket Match v. Winchmore Hill. Home.
- Mon., „ 21.—**Last day for receiving matter for the June issue of the Journal.**
- Tues., „ 22.—Prof. Fraser and Prof. Gask on duty.
- Wed., „ 23.—Cricket Match v. Brasenose College. Away.
- Thurs., „ 24.—Empire Day.
Cricket Match v. M.C.C. Home.
- Fri., „ 25.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
- Sat., „ 26.—Cricket Match v. Metropolitan Police. Home.
- Sun., „ 27.—Whit-Sunday.
- Mon., „ 28.—**Bank Holiday.**
Cricket Match v. Croydon. Home.
- Tues., „ 29.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
- Wed., „ 30.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Cricket Match v. Stoics. Home.

EDITORIAL.

FOR some time we have watched the mysterious procedure in the dining-room of the Catering Company. The place was to be rendered sound-proof. No sound was to get in. None was to get out. It will prevent "damp-rot." The last humourist was an ardent playgoer, but he had a latent period of assimilation. We could gather nothing but that there was a connection between seaweed being let into the ceiling and a change in the acoustic properties of the place. Now the change is nearly complete we feel at liberty to remark that neither the laugh of a certain junior member of the Resident Staff nor the imitations of his chief by a senior member are any less inaudible.

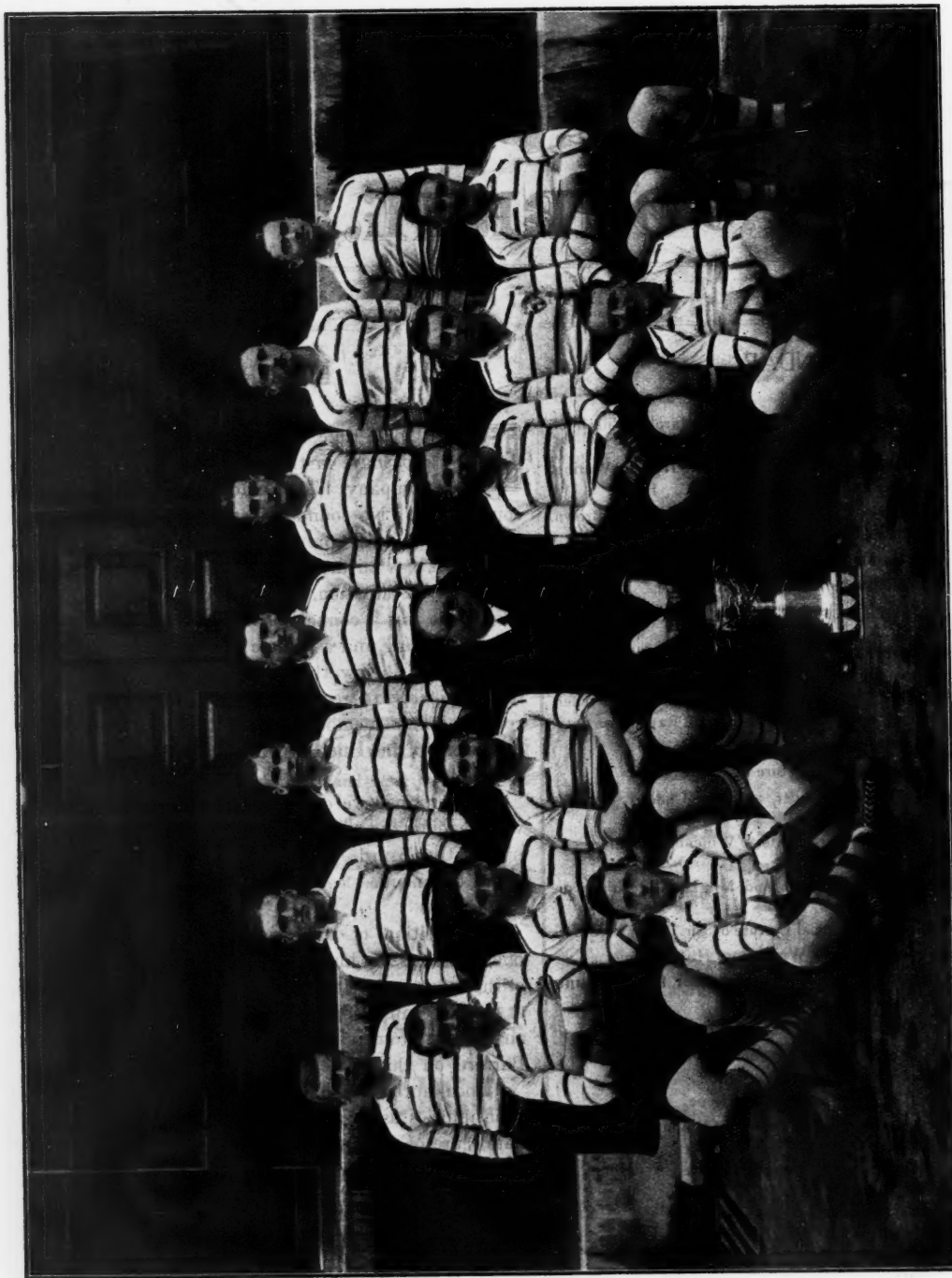
But perhaps—we offer this solution tentatively, and with readiness to withdraw it if it is demonstrated to be manifestly absurd—it was to absorb the remarks made about the menu.

* * *

The position of the expectant mother among the poorer classes has long been unsatisfactory, and in view of the recent publicity given to the matter by the Queen, at the Maternity Mortality Conference, we are publishing an extract from a notice we have received from Dr. Barford on this subject.

"Local authorities must by now have realized their responsibilities as regards the ante-natal, natal and post-natal care of the expectant mother, especially amongst the poorer classes of the community. No one can deny that the care and treatment deemed necessary for the well-to-do in the trying time of childbirth must be equally necessary for the poor."

"It is all very well for local authorities, whose duty it is to deal with these matters, to appoint and direct educated and trained women to go round or instruct



WINNERS OF UNITED HOSPITALS CUP, 1927-28.

Back row.—H. D. ROBERTSON, H. G. EDWARDS, J. R. JENKINS, W. M. CAPPER, V. C. THOMPSON, C. B. PROWSE, G. F. PETTY.
Seated.—R. H. BETTINGTON, A. H. GRACE, R. N. WILLIAMS, W. GIRLING-BALL, Esq., C. R. JENKINS, W. F. GAISFORD, H. W. GUINNESS.
Ground.—J. H. TAYLOR, J. F. BELLBY.

in the clinics the people who live in humble homes, and give advice as to what they should do and what they should not do. This, no doubt, is most excellent, but those of us who have been in medical practice for many years know to our sorrow that these poor women are not able to do as they are advised, inasmuch as they are compelled by force of circumstances to continue their home duties up to the very hour of their confinement, and to be up and about again in a week or so or even less, doing the washing, cleaning the house, getting the children off to school, preparing the husband's dinner, and all the other responsibilities of a home. The well-to-do expectant mother can, however, rest for weeks before and after the birth of the child. It is not surprising, therefore, that our hospitals are so full of working-men's wives requiring surgical attention owing to relaxation of the tissues.

"Local authorities have been empowered by Circular M. and C.W.A. of the Local Government Board, dated August 9th, 1918, to provide home helps; nearly ten years have elapsed, and how few have exercised this power! The time has come when they must wake up to the heavy responsibility which rests upon their shoulders. Home helps must be working women; they can no doubt be obtained and paid by the local authority, to which the State can make a grant. They should take over the whole or the greater part of the housework of the expectant mother for a short time before and after childbirth, and so relieve the mother of this burden. Then, and only then, can it be expected that maternal mortality will be reduced and more healthy children be born."

* * *

We congratulate Mr. T. P. Dunhill upon his appointment to be Surgeon to His Majesty's Household.

* * *

Our congratulations to Mr. F. W. Linton-Bogle, who has been awarded the British Medical Association prize for the best essay by final year medical students.

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

The Sixteenth Annual View Day Meeting of the St. Bartholomew's Hospital Women's Guild will be held in the Great Hall of the Hospital on Wednesday afternoon, May 9th, at 4.15.

The Guild have been very fortunate this year in securing Lady Tree and Prof. Sir F. W. Andrewes as their speakers, and it is hoped that a large and appreciative audience will be present to welcome them.

The meeting will be quite a short one, and will be

followed by tea and music. Lady Sandhurst and the Committee would like to make it quite clear that this gathering is not intended for members of the Guild only, but for anyone interested in the Hospital, to whom a very cordial invitation is extended to come and bring as many friends as possible.

* * *

The Annual Dinner of the Tenth Decennial Club will take place at the Langham Hotel on Friday, May 11th, at 7.30 p.m. The Secretaries, Mr. Reginald M. Vick and Dr. Arnold Stott, will be glad to answer any inquiries about the Dinner, and would ask all the members of the Club to do their utmost to turn up.

* * *

In our last issue we published a list of St. Bartholomew's men who were taking part in the British Medical Association Annual Meeting this year. We apologize for inadvertently omitting the name of Dr. A. F. Sladden, who is Vice-President of the Section of Pathology and Bacteriology.

* * *

Prize Competition.

In this number we publish an article entitled "An Orthopaedic Disaster." We offer the prize of a guinea for extracts of medical interest culled from the pages of fiction. The original must be a book intended for the lay public, and written with other ends in view than medical instruction.

Alternatively the prize is offered for the best case-report submitted. The reports may be written from a restricted or general point of view, and will be judged as though intended for publication in the best contemporary scientific journals. We would remind competitors that conciseness is desirable, and that bibliographies, where necessary, will not be unwelcome.

* * *

The Past v. Present Cricket Match.

The Past v. Present Cricket Match will be held at Winchmore Hill on Saturday, June 9th. A band has been engaged and tea will be served during the interval. At the same time and place a lawn tennis match between "Past and Present" will take place. Those wishing to play for the "Past" in either of these fixtures should communicate with the Secretaries of the respective clubs. It is hoped that there will be a goodly assembly of old Bart.'s men and the occasion will be as enjoyable a function as it has been in recent years.

THE BEGINNINGS OF BACTERIOLOGY AT BART'S.

(Being part of an Address to the Abernethian Society
by Sir Frederick Andrewes, F.R.S.)

(Concluded from p. 104.)

IT would have been impossible to find a better man than Kanthack to inaugurate clinical pathology at a hospital. The remarkably varied training he had passed through fitted him to attack every branch of the subject, and his own enthusiasm carried all before it. He not only possessed in himself an extraordinary power of hard work, but he was capable of inspiring it in others, and many were the odd bits of research which got done under his influence. It must be remembered that this Hospital was the first in London to establish such a post as Kanthack now filled; he had no model to work on, and the success of clinical pathology here was due to his genius and initiative alone.

Although I was working upstairs in Klein's laboratory I was constantly in and out of the Pathological Department, and I have very clear memories of those times. It was the bright morning of bacteriology, and new discoveries or new applications of old ones kept rolling in. The diphtheria bacillus had been described by Löffler years before, but there was great joy in learning its application to clinical diagnosis. True, we had not then Neisser's stain to help us, and I remember that Kanthack always persisted in making the diagnosis from unstained preparations, thereby, as one can see now, laying himself open to grave chances of error. The agglutination test for typhoid was invented in 1896, independently by Widal and Grünbaum. Since typhoid fever was then a common disease, there was plenty of opportunity for trying out the test. Of course we knew nothing about paratyphoid, and it may well be that some of our puzzling failures then were cases of that disease. Ehrlich's brilliant researches on the staining of the blood had been published in 1891, and the whole field of hæmatology was opened for us to explore. To you all these things are part of the established order of Nature, and perhaps you can hardly understand how exciting it all was when it was fresh and new—and especially when one was young.

Then Bart's sustained a great disaster. Kanthack left us to take up a bigger job at Cambridge. Nobody blamed him; it was clearly the right thing to do both for him and for Cambridge. I remember that when I heard that he was going I dropped into his laboratory and said, "This as all very well for you, but what

are we to do? Who is to succeed you here?" And to my intense surprise he replied, "I know; you will." Now fond as I was of pathology, it had never occurred to me to take it up as my only walk in life. I had been doing clinical work for seven years, I was on the Staff of the Royal Free Hospital, and I had good expectations of coming on the Medical Staff here. To give up all this meant a big change in one's life, but when the offer was made to me I reflected that I loved laboratory work more than Out-Patients, and I finally agreed to take on the job, though not without misgivings, for I had not had anything approaching the all-round training in pathology that Kanthack had enjoyed. Within a year or two of his going to Cambridge, Kanthack, as you know, fell a victim to malignant disease—a grievous loss to pathological science, for there seemed no limit to what he might have achieved.

And so it came about that on the first of April, 1897, I started as Pathologist to Bart's, with Dr. Drysdale as Demonstrator, and looking back I can sincerely say that I have never regretted the choice I made. But the first thing was to learn my job, and I fortunately knew enough pathology to be able to teach myself, and I had been for several years Pathologist to the Royal Free Hospital, so things were not so bad. The Department was fortunate in securing a succession of able men as Junior Demonstrators in addition to Dr. Drysdale. If I mention the names of Horder, Thursfield, Gask, Girling Ball and Gow, you will see the sort of man who helped to build up the Department. It is, however, no part of my business to-night to describe how, from a very small beginning, the Pathological Department has grown to its present size. I am rather concerned to show how bacteriology has progressed during the thirty years and more which have elapsed since I took charge.

Our main job, of course, was to keep abreast of all the advances in bacteriology, to prove the value of new tests and to apply them in the wards. The more progressive members of the Staff were only too prone to read up such novelties in the medical papers and demand their application to their own patients. Now, if you believed in the tests it was all right, but if you didn't that sort of thing was very irksome. There was a thing called the opsonic index invented by Sir Almroth Wright at St. Mary's; at one time we were told that it was criminal to administer vaccines without controlling their effects by doing frequent opsonic indices. While the craze lasted we were often asked to carry out this hateful procedure; Lockwood in particular made my life a burden in his anxiety to test every new thing. As I never had any confidence in the method or any faith in my own results, I was truly thankful when the opsonic index died a natural death—at least as a routine in

clinical pathology, for as a means of scientific research it is still of value.

I suppose that the most striking novelty which has arisen since I became pathologist here has been the rise, in 1902, the subsequent development and, I suppose I must add, partial decline of vaccine treatment. By this I only mean that, like all novel methods, it was at first unduly trumpeted by its advocates, then unfairly dispraised by its detractors, and has now found its reasonable level. One was prepared by the known facts as to the immunization of animals to accept the idea that human beings could be similarly immunized, provided that a vaccine could be prepared. I doubt, however, whether anyone could then have foreseen the enormous power for good which it was to manifest during the great war. Prophylactic inoculation against typhoid fever and allied infections will remain Wright's greatest achievement and will justly hand down his fame to posterity. But therapeutic inoculation is on a different footing. The idea that you could cure or even benefit a patient by injecting into him a further dose of the poison which was already at work and was causing all his troubles was at first received with blank incredulity, and I must confess that I was as incredulous as anyone. However, the thing had to be tried, and we began with the staphylococcal vaccine, which was the first, and I think the most successful of the simple therapeutic vaccines. It certainly appeared to do good in a large proportion of the cases of recurrent boils on which we tried it, and we were emboldened to go on to other organisms, and had varying success. I think I may say that we never experienced at Bart's that evangelistic fervour which prevailed at St. Mary's; it was never suggested that we should start an Inoculation Department. We just tried the thing out on all the cases that seemed suitable; sometimes we were encouraged, sometimes disappointed, but we were always ready to test every new development. If I remember rightly it was Dr. Mervyn Gordon who became bitten by Besredka's work at the Institut Pasteur and introduced sensitized vaccines, and these, it appears, have come to stay.

Then, too, I have witnessed the same sort of thing with serum treatment. Antitoxic sera against diphtheria and tetanus had been introduced between 1890 and 1892. But it was supposed that sera of similar value could be prepared against other organisms; in particular much was hoped for from anti-streptococcal serum. Such sera had to be tested, and I fear our disillusionment was pretty complete. Only in quite recent years have we returned to antitoxic sera against Shiga dysentery and scarlatinal streptococci, and here brilliant results have again been obtained. There was,

however, one useful serum which was not antitoxic—indeed no one knows how it acts—I refer to Sclavo's anti-anthrax serum. Early in the present century Sir Thomas Legge, of the Home Office, who had been to Turin and watched Sclavo's methods, returned to this country with a supply of the serum. He offered me some for trial at this Hospital, and as we had occasional cases of cutaneous anthrax from a horsehair factory in Clerkenwell, I was glad of the chance. At that time all malignant pustules here were treated by excision following the practice at Guy's, and they did very well, so that it was not easy to persuade a surgeon to omit surgical treatment and rely on serum alone. One day a very suitable case came along—a pustule on the malar eminence where excision would have left a nasty scar with ectropion; the case was under Mr. Lockwood, and I succeeded in persuading him to give the serum a trial. The arrangement was that if no improvement took place in a day or two excision was to be done and I was to decide. Now I had no experience of this serum, and nobody had told me of the immediate effect in causing acute swelling of the lesion, so that when I saw the man the day after with his eye closed from oedema I was terrified, and I remember coming down on the second day—it was a Sunday morning—fully resolved to have excision done if he were no better. But his eye was wide open and his temperature normal. He made a straightforward recovery, and had only a slight scar left on his cheek like a vaccination mark. After that we did a number of other cases, so long as the supply of serum lasted, and all were equally successful.

But I think I am getting beyond the limits of my subject. These are not "beginnings of bacteriology," but they are the sort of thing I remember up to the war. The war to me, and I think to a great many others, forms a sort of landmark in bacteriology, as it does in history. I think I learned more bacteriology during the years of the war than in all the twenty years that preceded it.

I have tried to carry back my own mind, and yours, I trust, with it, to the days before bacteriology had developed as a science, and to sketch for you, as far as possible from my own recollections, how it did develop at this Hospital. There are a number of bacteriologists still living who could tell a similar story, but year by year we grow fewer, and that is why I hoped the tale might be of interest to you to-night.

PRE-LISTERIAN REMINISCENCES.

SIR FREDERICK ANDREWES'S address to the Abernethians recalls a bygone age at Bart.'s when I was his father's Clerk and he was in his cradle.

When I entered Bart.'s at 16, A. E. Cumbabatch, Cripps and W. Walsham were in the dissecting-room; a "part" cost ten-and-sixpence, and there was a smell of carbolic. Students wore top hats and frock coats if they were self-respecting, and billycocks if they were unregenerate.

The Staff were all well groomed except Dr. Gee, who would wear a flannel shirt. Tradition said that if he had not insisted on wearing a flannel shirt and a narrow black tie he would have been Physician-in-Ordinary to the Queen.

"When you were a student," said Sir Malcolm Morris, "St. Bartholomew's was a school of philosophers." The stately gentlemen who lectured to you or taught at the bedside had the grand manner, and when they imparted knowledge, they clothed it in choice language and had the habit of quoting from the Classics after the manner of scholars.

Reproof was gentle and courteous, and I remember no instance of the tart rejoinder with which Cripps and dear Lockwood corrected fools at a later day.

Surgery was more brilliant in execution than in its results. You rejoiced if you got "laudable pus" after an operation, and no wonder wounds suppurated.

Both Savory and Langton ran their fingers through their hair while the H.-S. swabbed the wound. They wore frock coats that had been worn in the dissecting-room, and what was called ordinary cleanliness was all that was expected. Lister was experimenting with antiseptics, and when I lunched on buns and milk at Gilruth's with Butlin, he would discourse to me on the new ideas which were being accepted by the Junior Staff.

I had hoped to dress for Mr. Savory, but he scratched off my name because I smelt of some antiseptic that I had been told to use in the Casualty-room.

It seemed as if some surgeons had operated in pre-anæsthetic days. "Take out your watches, gentlemen, and time me," Savory would say as he proceeded to amputate at the hip-joint. Was it six minutes or five? The thing seemed to be done in the twinkling of an eyelid.

As I was signed up at 20 and could not qualify for a year, I was admitted as an extern to T.D.C. and attended the practice of the Rotunda. Here soap and water and the nailbrush were used to an extent to which I was unaccustomed and sepsis was very uncommon,

and I cannot recall seeing a case of puerperal fever, though I attended 100 cases myself in the slums.

When I returned to Bart.'s, Norman Moore, who had succeeded Morant Baker as Warden, sent for me. I had a qualification in medicine, and was reading for the College of Surgeons' Final, but he insisted that I should take a post at the Metropolitan Free and defer my exam. The Metropolitan Free had been pulled down to build Bishopsgate Street Station, and was now in temporary premises in a warehouse facing Spital Church. It was a poor makeshift, but all the Staff were Bart.'s men, and as junior H.S. I had the care of the instruments and dressings in the theatre. Two carbolic sprays were kept going during operations, and we wore gowns.

It was owing to the teaching of Godsall and Walsham at the Metropolitan Free that I was made senior house surgeon at the Wolverhampton Hospital. Other candidates better qualified than myself were passed over as they were not instructed in Listerism as it was then understood. The surgeons and nurses had to be taught a good deal and the women were quicker to grasp principles than the men. I valetted the surgeon of the day by taking off his coat and waistcoat before he entered the theatre. When his arms and hands were scrubbed with hot soap and water and his nails cleaned, he was robed and made to wash in a carbolic solution, and finally dipped his hands in spirit.

They were impatient at first when I snatched an instrument out of their mouth and gave them another, or insisted on a fresh wash if they put their hands in their pockets, but I flattered them in their pontifical appearance and the absence of "laudable pus" after operations. Sepsis became a crime rather than a misfortune.

W. H. T. WINTER.

CASES OF MENINGITIS ASSOCIATED WITH BACILLI OF THE PFEIFFER GROUP.

MENINGITIS due to bacilli of the Pfeiffer group is usually a disease of infancy. Up to the year 1922, 248 cases had been recorded, of which 243 had occurred in children under the age of 2 years (Rivers (1) and Pelfort (2)). The affection is a serious one, and the mortality in these infantile cases was 97%. The disease probably occurs more frequently than is supposed, and Pelfort even thinks that Pfeiffer bacilli are the second commonest cause of purulent meningitis in infants.

The following four cases from the wards of this Hospital occurred in children under 2 years of age. They all died.

CASE I.—D. S—, a boy, aged 12 months, was admitted to one of Sir Thomas Horder's wards on January 15th, 1928, on account of "feverishness and loss of weight."

History of illness.—His mother stated that the child was well until December 26th, 1927. He then developed a cold and was flushed. He recovered after a few days in bed.

On January 9th he again became feverish, had a cough and commenced to lose flesh. There was some doubt as to whether he had an ear-ache.

These symptoms continued until his admission to Hospital on January 15th. There was no history of vomiting nor of convulsions.

Past history.—A full-time boy, said to have had no past illnesses.

Condition on admission.—January 15th: The child, pale and cyanosed, was lying on its side with its head retracted, uttering occasional cries. Temperature 103° F., pulse 130, respirations 60. The anterior fontanelle was patent, but not bulging. The extrinsic and intrinsic muscles of the eyes were natural. There were no rigidities of the limbs. There were signs of a generalized bronchitis in the chest and of a patch of consolidation in the region of the upper lobe of the right lung. The heart appeared natural. There was no aural discharge nor evidence of mastoid tenderness.

Course of the disease.—January 17th: The child had become drowsy and the head-retraction was more marked. The legs, which were now drawn up, showed some rigidity, with a positive Kernig's sign. A lumbar puncture was performed and a small amount of turbid fluid withdrawn.

January 18th: The lumbar puncture was repeated and 20 c.c. of turbid, greyish fluid, which was under increased pressure, was withdrawn. The pathological findings were as follows: There were 9640 cells per c.mm., most of which were polymorphonuclears. There was 0.2% protein in the supernatant fluid following centrifugalization. The Fehling reduction was markedly diminished. The chlorides were 604 mgrm. %. Stained films showed a number of small, non-motile, Gram-negative bacilli. Many of these were short and homogeneous, but others were beaded at their ends, not unlike the appearance of badly stained pneumococci, while a few were long and filamentous. They were all extra-cellular.

Cultures on blood-legumen-agar: One plate gave a pure growth of minute, circular, dew-like colonies, scarcely visible in 24 hours, but quite discrete. A film of these colonies revealed thin Gram-negative bacilli showing marked pleomorphism. A second plate had a similar growth, but had, in addition, one colony of *Staphylococcus albus*. Around the latter the colonies of

Pfeiffer-like bacilli had attained a greater size than their fellows. Further lumbar punctures were performed on January 19th, 21st and 23rd, and the above bacteriological findings confirmed. The child became steadily worse and more rigid. The temperature remained high and irregular, the pulse and respiration-rate rose, and death occurred on January 24th.

An autopsy was performed, but only the head could be examined. The meninges were covered with a greenish exudate, both over the vertex and on the base. The ventricles contained a large quantity of turbid fluid.

A smear of the exudate was examined and organisms seen which were said to resemble pneumococcus. There was pus in the middle ear on each side; there was also pus around the optic nerves at their points of exit from the skull, but it had not spread into the orbit.

(Cases 2, 3 and 4 appear below.)

DISCUSSION.

Clinical aspect.—The clinical aspect of this disease is that of acute meningitis, and writers are agreed that it differs in no way from cases of acute meningitis due to other infecting agents. The four cases here recorded illustrate this point. Only by pathological examination of the spinal fluid can a diagnosis be made.

The spinal fluid.—The spinal fluid was turbid, and it is said that it frequently becomes so thick in the later stages of this disease that it scarce will pass the puncture needle. Pelfort (2) states that the cells, numbering from 1800 to 12,000 per c.mm., are mostly polymorphonuclears, although a few endothelial cells are sometimes seen.

Chemical examination reveals the usual findings of a meningitic fluid. The albumen content is raised, the Fehling reduction diminished and the chloride content lowered.

Stained films of the fluid demonstrate the Gram-negative bacilli. In Case I these were extra-cellular. According to Rivers (1) this is the rule, though other (3) observers state that the organisms may be either extra- or intra-cellular. All writers agree, however, that the bacilli show marked pleomorphism. Instead of the characteristic small, short, non-motile, Gram-negative bacilli, Abt (4) has pointed out that variations may occur from plump coccoid to long thread forms resembling streptothrices.

Of all the involution forms the most confusing are those which stain in a bipolar manner, making them difficult to distinguish from diplococci. This is illustrated in Case I.

The organisms grow only on blood media, and have the characters described above. Henry (5) has shown that it is in the cultures that the long filamentous

forms are chiefly found. Thus there appear to be no marked morphological or cultural characteristics which will distinguish these organisms from *B. Pfeiffer*.

Duration and prognosis.—The duration of these cases was 15, 11, 17 and 12 days respectively, and they all terminated fatally. The average duration of 166 cases reported by Rivers (1) was 18 days, with a 97% mortality for cases under the age of 2 years.

Autopsy.—The post-mortem findings in the two cases where autopsies were performed revealed a purulent meningitis situated chiefly on the base, but extending also over the convexity of the brain. In Case 1 pus was found in the middle ear. Ritchie (6) states that this frequently occurs. He suggests, furthermore, that otitis media, developing as it does before or during the attack of meningitis, is not necessarily the cause of that attack, but that both may have some common origin.

Nature of the disease.—The question thus arises as to the nature of the disease. Is the meningitis primary or secondary? Is the organism identical with the *B. Pfeiffer* found in the respiratory secretions in cases of epidemic influenza? Regarding the latter question all shades of opinion are held. At one extreme is Cohen (7). He avers that it is a definitely distinct organism which he calls the "Bacille méningite cérébrospinale septicémique," and which differs from *B. Pfeiffer* in that it is more pleomorphic on culture and more readily kills laboratory animals by septicæmia.

Wollstein (8), on the other hand, considers that no distinction exists between these organisms, and that *B. Pfeiffer*, like the pneumococcus, is capable of producing inflammations of serous membranes anywhere.

Schnyder (3), also, contends that the bacilli cannot be distinguished by any criteria. He lays stress on the variations in virulence of the organisms in different cases, both when found in the meninges and in the sputum. Moreover, he asserts that the virulence of a particular strain will vary under differing conditions.

Between these conflicting views, the attitude of Davis (9) seems the most hopeful. Agreeing that the organisms are morphologically and culturally indistinguishable, and that the lung lesions found in influenzal pneumonia and in meningitis are identical, he feels that if the organisms are distinct they must be very close allies, and that Cohen's difference is probably one of virulence.

It seems certain that some difference must exist, because evidence points to the meningitis being primary rather than secondary to a respiratory infection.

In Cases 2, 3 and 4 there was no history of a respiratory disorder, nor were there signs of disease in the chest on admission to the Hospital.

Again, cases recorded in the literature have been

sporadic and not epidemic. There are many who deny *B. Pfeiffer* to be the cause of influenza, but there is a great increase in the number of organisms found in the respiratory tract during epidemics. But Rivers (1) shows that there was no increase of these cases of meningitis during the epidemic of 1918.

On the contrary, rather than a yearly incidence there is a seasonal one. Most cases have occurred during the months of October, November, December and January.

Of the 4 cases here recorded, 2 were in December, 1 in January, and 1 in April.

Another point of difference from influenza is the leucocytosis in the blood. The leucopænia, so frequently found in epidemic influenza, is said never to occur in these cases.

Rivers summarizes the whole question as follows: "Influenzal meningitis appears to be in most instances a primary disease produced by a group of influenza bacilli which are closely allied culturally and serologically."

CASE 2.—L. F.—, a boy, æt. 5½ months, was admitted to one of Sir Percival Horton-Smith-Hartley's wards on April 2nd, 1924, on account of "convulsions and drowsiness."

History of illness.—Well until March 22nd, and then had a fit. He became unconscious and his mother noticed a squint in his left eye. He had twenty fits in the six succeeding days. The fits ceased, but he remained unconscious until admission on April 2nd.

Past history.—Said to have had no illnesses.

Condition on admission.—April 2nd, 1924: The child was unconscious and uttering short cries. Temperature 101° F.; pulse 156; respirations 44. Rigidity of the neck with head-retraction. The anterior fontanelle was tense. There was rigidity of the legs, with a positive Kernig's sign. No signs of disease were found in the chest.

April 5th: The child was still unconscious and a lumbar puncture was performed. A small quantity of fluid was obtained, which was examined by Dr. J. A. Struthers. He stated that a Gram film of the spinal fluid demonstrated Gram-negative cocco-bacilli in fair numbers, partly intra- and partly extra-cellular. Cultures produced a pure growth of *B. Pfeiffer*.

The white blood-count on this day was 10,000 cells per c.mm. The child continued to have a high and irregular fever and died on April 8th.

No post-mortem examination was made.

CASE 3.—E. M.—, a boy, aged 9 months, was admitted to one of Sir Thomas Horder's wards on December 17th, 1922, on account of listlessness.

History of illness.—On December 15th he became drowsy and vomited. On December 16th the drowsiness persisted and he was feverish. His eyes rolled and he "twitched."

Past history.—Said to have had no previous illnesses.

Condition on admission.—December 17th, 1922: A drowsy child, with a bulging fontanelle, but no rigidities. Temperature 101° 6' F.; pulse 136; respirations 42. The abdominal reflexes were present. There were no signs of disease in the chest.

Course of the disease.—The child was more drowsy, and Kernig's sign was positive. A lumbar puncture was performed and 10 c.c. of turbid fluid under increased pressure was withdrawn. It contained 0.025% protein, and the Fehling reduction was diminished. The cells numbered 2000 per c.mm. and were nearly all polymorphonuclears. A Gram film showed a large number of Gram-negative bacilli, markedly pleomorphic, and cultures grew *B. Pfeiffer* in 48 hours.

Further lumbar punctures were carried out on December 21st, 24th and 25th, and normal horse-serum injected into the theca.

On December 25th rigidity was noticed and the child vomited, and the irregular fever continued.

The white blood-cells on December 28th and 29th were 81,600 and 70,400 per c.mm. respectively.

He died on January 1st, 1923. There was no autopsy.

CASE 4.—P. S., a boy, aged 13 months, was admitted to one of Sir Thomas Horder's wards on December 2nd, 1921, on account of drowsiness and constipation.

History of illness.—On November 29th the child, who had previously been well, was constipated and had several convulsions. On November 30th these fits continued and he commenced moaning.

On December 1st he vomited and it was noticed that his head was drawn back.

Past history.—Said to have had no previous illness.

Condition on admission.—The child lay on its side, with its head retracted. There was a right internal strabismus. Temperature 101.6° F.; pulse 150; respirations 52. There were twitchings of the right arm and leg. The right arm was rigid, the left flaccid. The legs were rigid, with a positive Kernig's sign. There were no signs of disease in the chest.

Course of the disease.—Lumbar punctures were performed on December 3rd, 6th and 8th, and the fluids examined by Dr. R. H. Simpson. They were turbid and contained many cells, which were mainly polymorphonuclears, although there were a few endothelial and red blood-cells present. Films showed large numbers of Gram-negative, non-motile, pleomorphic bacilli which, on culture, resembled *B. Pfeiffer*.

A naso-pharyngeal swab revealed no Gram-negative organisms.

The irregular fever continued, and the child died on December 11th.

Autopsy.—There was a purulent meningitis, chiefly on the base of the brain, but extending to the convexity, especially on the left side. This meningitis spread along the whole length of the spinal cord. The pus was greenish yellow and showed small Gram-negative bacilli. The lungs were broncho-pneumonic.

I thank Sir Thomas Horder and Sir Percival Horton-Smith-Hartley for their kind permission to record these cases.

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E. R. CULLINAN.

A CASE OF PERFORATION OF THE GALL-BLADDER.



MALE, aged 52, a stoker, first came under observation in September, 1925, when he came to the hospital complaining of pains in the stomach and loss of weight. He had been well until August, 1924, when he had sudden diarrhoea after each meal. His appetite was good and he passed no slime

or blood. The diarrhoea lasted for three months, when he went to a doctor, who gave him medicine which stopped the diarrhoea, and he then became constipated.

February, 1925, he had epigastric pain and began to lose weight and became yellow. He came to Out-Patients in July and was treated until September, when he was admitted to Lucas Ward under care of Sir C. Gordon-Watson, and was transferred from there to Smithfield.

His condition at this time showed a thin man with a muddy complexion. His weight was 7 st. 6 lb.; it was 10 st. 8 lb. twelve months previously. He stated that he had never had a day's illness in his life. He had severe oral sepsis. The heart-apex beat $4\frac{1}{2}$ in. in fifth space. Blood-pressure 100/70.

Abdomen distended below umbilicus. No free fluid. Liver enlarged 1 finger's breadth below costal margin. Oedema of legs. Urine contained no bile-salts or pigments. Blood-sugar 0.103%. Van den Bergh direct negative, indirect 2.5%. A moderate degree of anæmia was present.

Red blood-cells 2,230,000. Hæmoglobin 44%.

X-ray examination showed delay in the passage of the barium through the splenic flexure onwards, but there were no definite signs of any organic lesion.

He was kept in hospital for six weeks altogether; during this period he had occasionally pyrexia to 101° . His condition, however, did not improve, and he was discharged from hospital going downhill on October 21st. His weight was then 6 st. 9 lb. A tentative diagnosis of N.G. of the colon was made with secondaries in the liver.

After discharge he stayed in bed until January, 1926, when he began to get up; he was feeling much better and began to put on weight; he was not at all "yellow." He continued to improve and get stronger, so that in June, 1926, he returned to his old work as a stoker, performing an eight-hour shift. He felt tired sometimes but managed to carry on with his job. His appetite was good and he had no pain. He had diarrhoea at intervals. His weight increased, so that in June, 1927, it reached 11 st. in clothes.

He appears to have kept well apart from the occasional attacks of diarrhoea until the beginning of February, 1928, when he did not feel so well, and began to have pain on the right side of the abdomen. He went to his doctor, who recommended him to have his teeth out. Gross oral sepsis had been noted when he was in hospital, but he was too ill then for attention to be paid to them. The pain became more severe, and on March 10th he left work as he felt unable to carry on.

March 12th all teeth were removed at West Ham Hospital, under gas and oxygen.

March 14th he became yellow, his urine was dark brown and his motions clay-coloured. He felt too ill and tired to work. The pain continued severe, but diarrhoea was not marked. The pain had no relation to food. He came to St. Bartholomew's Hospital and was admitted March 28th. His condition was that of a deeply jaundiced and emaciated man. His heart was displaced $1\frac{1}{2}$ in. to the left of the sternum; the apex-beat was $5\frac{1}{2}$ in. in fifth space. Blood-pressure 116/86. The liver-dullness extended from fourth rib to 2 in. below the costal margin—a distance of 8 in. in the right nipple line. Posteriorly there was dullness from the ninth rib. There was a continuation of the liver-dullness downwards suggestive of the gall-bladder; the patient was very tender in this region. The umbilicus was pressed outwards and shifting dullness was present, although no fluid thrill could be obtained. Urine contained bile-pigments but no bile-salts. Red blood-cells 4,320,000, hæmoglobin 66%; Van den Bergh gave a prompt direct red 10 sec., indirect 20 units.

Patient felt very ill, with pain in right epigastrium. His temperature fluctuated between a morning 97° and evening 102° , the respirations did not vary, but the pulse followed the temperature. This temperature curve was suggestive of a cholangitis or general or localized peritonitis. It was possible that there was an empyema of the gall-bladder. The movement of respiration on the right side became less. The possibility of a N.G. which had ulcerated and caused obstructive jaundice was also considered.

On April 2nd he complained of sudden very severe pain in upper abdomen. He was found now to be very difficult to examine. He held his abdomen very rigidly, and it was thought that the gall-bladder could no longer be palpated; the liver-dullness appeared, however, to be increased. Free fluid was now definitely present. It seemed probable that the gall-bladder had ruptured. The possibility of an exploratory operation was considered, but decided against on account of the then condition of the man, who was beginning to fail. He died twenty-four hours later.

Post-mortem Findings.

Pericardium contained 2 oz. bile-stained fluid. The peritoneum contained about $1\frac{1}{2}$ pints free fluid which was turbid and bile-stained. Flecks of lymph were suspended in it. The small intestine was distended and injected; there were also recent adhesions around the liver and the gall-bladder. These were carefully separated and a small linear leak was found near the fundus of the gall-bladder. The wall of the viscus was not appreciably thickened, nor was the cavity enlarged. Bile was still present and could be squeezed out through

the leak. There was a large right subphrenic abscess containing about 4 oz. bile-stained pus. The liver weighed 64 oz., and showed areas of acute congestion. On section the typical bile-green colour of obstructive jaundice was seen. There were also whitish areas of fibrosis, and the bile-ducts were distended and filled with bile. The main ducts were enlarged to the size of a little finger.

Pancreas: The head was completely destroyed by a large carcinoma which had undergone mucoid degeneration. On opening the stomach the mucoid degeneration could be seen coming through the pylorus. The growth was found to have eroded the lumen of the duodenum in two places, forming two ulcers. The tail and body were fibrotic with the main duct of Wirsung greatly distended. There was, in addition, an abscess in connection with the growth lying apparently retro-peritoneally, containing about 1 oz. of pus. No secondary deposits except in the neighbouring glands around the pancreas were discovered.

Histological Findings.

Pancreas: The growth of the head of the pancreas was a carcinoma of the columnar-celled type. It had infiltrated the pancreas tissue to a considerable extent, but there were still areas of acinous tissue apparent. The growth appeared to be of some standing, as there was a considerable amount of mucoid degeneration present in addition to marked fibrous tissue interspersing the actual growth.

Gall-bladder: The wall showed some signs of being thickened. There were present also signs of inflammation of the outer coat with round-celled infiltration.

Liver: The section showed signs of obstructive jaundice, and in places those of cholangitis. Inspissated bile was seen in the bile canaliculi and in the interlobular spaces (Glisson's capsules). The outer portions of the lobules showed degenerative changes, and definite inflammatory processes were also seen. In one section there was a small area suggestive of a secondary deposit.

Sincere thanks are due to Prof. E. H. Kettle for this interpretation of the histological findings, and to Dr. Langdon Brown for permission to publish this case.

W. SMITH.

AN ORTHOPÆDIC DISASTER.



HE ignorant doctor is a figure which commands more contempt than pity; indignation, not compassion, moves his historian. But the misfortunes of Charles Bovary, a man of average intelligence who failed to thrive on the haphazard teaching of his day, leave the reader of Flaubert's novel uncertain

whether Bovary or his patients deserve the greater commiseration.

Madame Bovary saw in some startling operation the threshold of a life different from the delights of a village practice, and when Monsieur Homais, the village chemist, came with the news of a new method of curing club-foot she saw in it the opportunity to help the husband she had lately neglected. Monsieur Homais discounted the risk.

"For," said he to Emma, "what risk is there? See" (and he enumerated on his fingers the advantages of the attempt), "success, almost certain relief and beautifying of the patient, celebrity acquired by the operator. Why, for example, should not your husband relieve poor Hippolyte of the 'Lion d'Or'?" Charles was talked over and sent for Dr. Duval's book.

While he was studying equinus, varus and valgus, that is to say, *katastrephopody*, *endostrephopody*, and *exostrephopody* (or better, the various turnings of the foot downwards, inwards, and outwards, with the *hypostrephopody* and *anastrephopody*, otherwise torsion downwards and upwards), Monsieur Homais, with all sorts of arguments, was exhorting the lad at the inn to submit to the operation.

"You will merely feel, possibly, a slight pain; it is a simple prick, like a little blood-letting, less than the extraction of certain corns."

Hippolyte, reflecting, rolled his stupid eyes.

"However," continued the chemist, "it doesn't concern me. It's for your sake, for pure humanity! I should like to see you, my friend, rid of your hideous claudication, together with that waddling of the lumbar regions which, whatever you say, must considerably interfere with you in the exercise of your calling."

Then Homais represented to him how much jollier and brisker he would feel afterwards, and even gave him to understand that he would be more likely to please the women; and the stable-boy began to smile heavily.

Vanity won the day, and Hippolyte consented to suffer for the glory of the village of Yonville. Bovary had no orthopædic appliances.

So by the advice of the chemist, and after three fresh starts, he had a kind of box made by the carpenter, with the aid of the locksmith, that weighed about eight pounds, and in which iron, wood, sheet-iron, leather, screws, and nuts had not been spared.

But to know which of Hippolyte's tendons to cut, it was necessary first of all to find out what kind of club-foot he had.

He had a foot forming almost a straight line with

the leg, which, however, did not prevent it from being turned in, so that it was an equinus together with something of a varus, or else a slight varus with a strong tendency to equinus. But with this equinus, wide in fact like a horse's hoof, with rugose skin, dry tendons, and large toes, on which the black nails looked as if made of iron, the club-foot ran about like a deer from morn till night. He was constantly to be seen on the Place, jumping round the carts, thrusting his limping foot forwards. He seemed even stronger on that leg than the other. By dint of hard service he had acquired, as it were, moral qualities of patience and of energy; and when he was given some heavy work he stood on it in preference to its fellow.

Now, as it was an equinus, it was necessary to cut the tendo Achillis, and, if need were, the anterior tibial muscle could be seen to afterwards for getting rid of the varus; for the doctor did not dare to risk both operations at once; he was even trembling already for fear of injuring some important region that he did not know of.

Neither Ambroise Paré, applying for the first time since Celsus, after an interval of fifteen centuries, a ligature to an artery, nor Dupuytren, about to open an abscess in the brain, nor Gensoul when he first took away the superior maxilla, had hearts that trembled, hands that shook, minds so strained as Monsieur Bovary when he approached Hippolyte, his tenotome between his fingers. And as at hospitals, near by on a table lay a heap of lint, with waxed thread, many bandages—a pyramid of bandages—every bandage to be found at the druggist's. It was Monsieur Homais who since morning had been organising all these preparations, as much to dazzle the multitude as to keep up his illusions. Charles pierced the skin; a dry crackling was heard. The tendon was cut, the operation over. Hippolyte could not get over his surprise, but bent over Bovary's hands to cover them with kisses.

"Come, be calm," said the druggist; "later on you will show your gratitude to your benefactor."

Hippolyte was buckled in to the machine, and Monsieur Homais composed a paper in which everyone, including the patient, was praised to the skies for the miracle that had happened.

"We shall keep our readers (he concluded) informed as to the successive stages of this remarkable cure."

This did not prevent Mere Lefrançois from coming five days after, scared, and crying out:

"Help! he is dying! I am going crazy!"

Charles rushed to the "Lion d'Or," and the chemist, who caught sight of him passing along the Place hatless,

abandoned his shop. He appeared himself breathless, red, anxious, and asking everyone who was going up the stairs:

"Why, what's the matter with our interesting strephopode?"

The strephopode was writhing in hideous convulsions, so that the machine in which his leg was enclosed was knocked against the wall enough to break it.

With many precautions, in order not to disturb the position of the limb, the box was removed, and an awful sight presented itself. The outlines of the foot disappeared in such a swelling that the entire skin seemed about to burst, and it was covered with ecchymosis, caused by the famous machine. Hippolyte had already complained of suffering from it. No attention had been paid to him; they had to acknowledge that he had not been altogether wrong, and he was freed for a few hours. But hardly had the œdema gone down to some extent, than the two savants thought fit to put back the limb in the apparatus, strapping it tighter to hasten matters. At last, three days later, Hippolyte being unable to endure it any longer, they once more removed the machine, and were surprised at the result they saw. The livid tumefaction spread over the leg, with blisters here and there, whence there oozed a black liquid. Matters were taking a serious turn.

But Hippolyte droops in spite of the doctor's constant recommendations to diet. The Abbé Bournisien was called in, and the lad promised to go on a pilgrimage if his foot were cured.

Religion, however, seemed no more able to succour him than surgery, and the invincible gangrene still spread from the extremities towards the stomach. It was all very well to vary the potions and change the poultices; the muscles each day rotted more and more; and at last Charles replied by an affirmative nod of the head when M^{re} Lefrançois asked him if she could not, as a forlorn hope, send for Monsieur Canivet of Neufchâtel, who was a celebrity.

A doctor of medicine, fifty years of age, enjoying a good position and self-possessed, Charles's colleague did not refrain from laughing disdainfully when he had uncovered the leg, mortified to the knee. Then having flatly declared that it must be amputated, he went off to the chemist's to rail at the asses who could have reduced a poor man to such a state. Shaking Monsieur Homais by the button of his coat, he shouted out in the shop:

"These are the inventions of Paris! These are the ideas of those gentry of the capital! It is like strabismus, chloroform, lithotripsy, a heap of monstrosities that the Government ought to prohibit."

"We are not savants, coxcombs, fops! We are practitioners; we cure people."

Monsieur Canivet decided to amputate. Monsieur Homais humbly made preparations.

Bovary during this time did not dare to stir from his house. He kept downstairs in the sitting-room by the side of the fireless chimney, his chin on his breast, his hands clasped, his eyes staring. "What a mishap!" he thought, "what a mishap!" Perhaps, after all, he had made some slip. He thought it over, but could hit upon nothing. But the most famous surgeons also made mistakes; and that is what no one would ever believe!

Poor Charles. He was distraught. His wife did not share his humiliation. She was convinced only of his mediocrity. Together they waited, watching the inn from a window. In the midst of the silence that hung over the village a heart-rending cry rose in the air. Bovary turned white to fainting. . . . The operation was a success. Monsieur Canivet left a discouraged doctor behind him. Bovary paid for the false leg.

Its top was covered with cork, and it had spring joints, a complicated mechanism, covered over by black trousers ending in a patent-leather boot. But Hippolyte, not daring to use such a handsome leg every day, begged Madame Bovary to get him another more convenient one. The doctor, of course, had again to defray the expense of this purchase.

So little by little the stableman took up his work again. One saw him running about the village as before, and when Charles heard from afar the sharp noise of the wooden leg, he at once went in another direction.

ANNOTATION.

STRANGULATED INGUINAL HERNIA IN AN INFANT.

On March 26th, 1928, a male infant, æt. 23 days, and 4 lb. 12 oz. in weight, was admitted to the General Hospital, Great Yarmouth.

The parents stated that the mother had been unable to suckle him, and that he had been fed the first ten days on undiluted condensed milk and then, as this diet was unsuitable, on dill-water. There was a lump in the left groin, and he had only passed bloody mucus in the last thirty-six hours.

On examination I found a swelling of the size of a large Kent cob in the left inguinal region a bulging in the right inguinal region and a very tight prepuce.

The hernia was very tense, and irreducible with gentle pressure. There came to my memory at once a scene I had witnessed in the Old Theatre at Bart.'s about 1900. It was nearly midnight, and Mr. Walsham had been summoned from Harley Street to deal with a similar case. The Theatre was prepared and the baby brought in and anaesthetized. When sufficiently anaesthetized the preparatory dressings were removed, but the hernia had disappeared. With difficulty the house surgeon dissuaded Mr. Walsham from performing the necessary circumcision on the spot. Doubtless he had in his mind the fear that in future he would be known as the house surgeon who summoned his chief at midnight to perform circumcision.

One day in the old Surgery a dresser was experimenting in this

direction, and one of the older surgeons having watched remarked, "You should be grateful for two lines of Shakespeare." On request he quoted: "There is a destiny that shapes our end rough hew it how we will."

Unfortunately the infant under my care was not so accommodating as the one I remembered.

Under the anæsthetic the hernia was just as tense, so I operated. The tissues were very thin, and once through the skin the bluish colour of the tumour suggested definite strangulation. The bowel when exposed was of a deep purple colour, still shiny, and of the calibre of a No. 9 or 10 catheter. The aperture was with some difficulty slightly enlarged and an undamaged portion of intestine drawn into the wound, showing a marked constriction and normal colour above. The intestine was gently replaced in the abdomen by a process similar to introducing ribbon gauze packing, a smooth forceps gently pushing it in about $\frac{1}{4}$ in. at a time. The orifice when fully visible was circular, and about 4 mm. in diameter. A mattress suture obliterated the opening and the wound was rapidly closed without any attempt to make a radical cure. The foreskin was removed and a double spica applied over the dressings. Saline enemata of 2 oz. glucose were given every two hours, and after a few hours a liquid, coloured stool was passed. The next day the bowels functioned normally, and with more skilful feeding the child is making an uninterrupted recovery. From the condition of the bowel and the weakness and limpness of the child I had grave doubts about his recovery, but under-estimated the powers of recovery of a 21-day-old infant.

CONSULTATIONS.

T WAS on a Thursday afternoon,
The time was half-past one,
And all to consultations
By diverse ways had gone.
The surgeon then produced his case:
"This man that now you see,
A year ago was quite well,
As well as well could be.
But since then there has come a lump
Just where his cæcum lies,
And every day, in every way,
That lump has grown in size.
But yet the patient feels no pain,
He has not lost in weight,
His bowels are just as they were
At any former date.
And so I cannot tell at all
Whate'er that lump may be.
And if you know what should be done,
I pray you, tell it me."
The surgeons then stood round the man,
Some bored, and some alert.
They pinched and squeezed, and poked and sneezed,
And then said, "Does *that* hurt?"
At last the man was taken out
At the surgeon's curt command,
And up the oldest member stood,
His eyeglass in his hand.
He said, "I think it's cancer"
(He buttoned up his coat);
"There's nothing there that can be done,
Or I begin to dote."

Then out spake one, whose name was X,
Who all delay did hate,
"To every man upon this earth
Death cometh, soon or late.
And how can man die better
Than facing fearful odds
On the operating table
While inside the surgeon prods?
When you have well examined him,
And found out all you can,
I, with two more to help me,
Will open up this man.
We'll make a straight incision, so,
To see what it may be.
Now, who will stand on either hand
And do this op. with me?"
He sat, and up stood Mr. A,
Who kept an open mind:
"This swelling's very rare and strange,
And so," he said, "I find
That either it's some kind of growth,
Or it's congenital,
Or else somehow it's got inflamed;
It's not distinguished well.
And so, he said, I'd wait to find
What it turns out to be,
And that will show what should be done,
Or so it seems to me."
He ceased, and so another spoke:
"This case resembles much
A case I had in '94
Whose symptoms, too, were such;
And all the rest had given him up,
And thought him good as dead,
But I performed a difficult op.
And saved his life," he said.
He sat, with a smile of conscious pride
And another took up the tale:
"This case is quite hopeless,
And since 'tis sure to fail
I should not treat him with X-rays,
'Tis merely waste expense.
The man must just prepare to die
If he has any sense."
"I thank you muchly, gentlemen,"
That puzzled surgeon said,
"And the advice that you have given,
I'll ponder in my head.
But since you are not all agreed
What 'tis—or should be done,
It seems that I must still decide
How that man's fate doth run."

F. H.

GEMS FROM THE OUT-PATIENTS.

[A sequel to the same author's contribution to us last month.—ED.]

TO The House. Physician. Sir

A. few. weeks ago I wrote & said that I would not be able to come. up again as. Out-patient & asked them not to keep my notes but if they haven't destroyed them would you kindly keep them as I find the medicine suits my eyes are bad. but I think that is mostly to do with the General Health last time I was up there the Sister told the other women that I had had. a Child well I hav'ent & never. been like it & as she is so kind as to say things like that I might tell you what she. says. about the Drs She tells them the tale & leads them up the Garden well that is not fair to the Drs that is if they beleive all she says you would'nt like me in there as an inpatient your medicine is making me too sharp I should split on the Nurses some. of them not all of course. its the Drs I am grateful to I have been lucky enough to have furniture given to me for an unfurnished room which I am taking & no doubt if I can. have the. proper. diet & comforts & not have to turn out when I get my Gastritis turns on I might get stronger but no one. can. do much. for Heart trouble but I am coming up again when I want some. more medicine I have. only once. missed paying my 6d

Yours respectfully

B. C.

I'AVE suffer so much that I cannot explain so much so if I write it down it's easier, see? "

Easier? Perhaps; but at noon on a Saturday a H.P.'s sense of values becomes dislocated:—

London April 21th 1928

Dear Sir Doctor!

I hope you will excuse me for writing a letter as I could newer remember to to tel all my suffering sinse 1917. Well at first from the air raids and my Hasband was away and have not heard from him 5 jahr well, I was always longing cruing so I was sleeples 16 mounths well I was suffering very much in Manchester and have atendet to Hospital and priwet Doctors, when that big Influenzia was, I was very ill with it, so I suferd with neurastinia or Nervous debillity and anemia. ass soom as the Armistase startet, I came to London and went to Welbeck st Hospital for Nerweus Deseases and have

atendet for a number of jahrs, and wen my Hasband came home on 1922 I got much better, of corse before I started to sleep I had all my teeth taken out thear in the Nerw Hospital. After sudenly I have notest a big stumek so I told my Dr and He toht I was in a pragnant as I was maried sinse 1910 and had no Children but I had the periods after 6 mounts the stumek got smaller well I was told it is wint I have sufferd with constapation but I did not need much opening medicin, I was not to bed as now, after I feeld allways chouky sansation before has the Doctor thoght that is Nerws and after he toght it was wint any how it was considert that is from the woon, I had the nek of the woon strachet and have no Baby yet, after came Influenzia so often and alseratat troat until it would not lewe alone at all, I had priwit Doctors and went German Hospital unfortianatly I was taken in by a an axperients Doctor and He took me the next day to have my tonsols cut when I had the Clodeform Doctor Rast came in He came just from Swetzerland He did not let him Operate on me but gave a clodiform agsamination and has notest mater behind the tonsols He syist is aut and wouk me up and told me how luke I was, He has atendet a jahr to me, and after He gave me ower to Doctor Wilson tast jahr and the operation was suksesfull but the nouse in the write Ear is still on and of corse no I suffers with the stumek still I fill still alseratat from the troat down and no I had last week a pikstay and now again once I could not come down for Medisin as my tern was Easter monday I had no more licwit of parafin but had some medicin and wantet til monday but it is imposible. I hope that the Doctor

Kindly take care.

with thanks

Mrs L. W.

CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—Sir Frederick Andrewes's recent article on the beginnings of bacteriology in St. Bartholomew's has brought back many memories of my early days at the Hospital. I knew Prof. Klein more in his moments of leisure than in his working time. He was a very enthusiastic chess player, although his theory was much in advance of his practice, and he spent much of his spare time at the British Chess Club. A fellow member, the late Wordsworth Donisthorpe, a brilliant chess player and a very engaging wit, included Klein in his rhyming alphabet of the members of the Club:

"K stands for Klein, the bacillus's horror,
At chess I would back the bacillus to-morrow."

Indifferent rhyming you may say, but ———!

Yours faithfully,

H. W. CARSON.

111, Harley Street,
Cavendish Square, W.1;
April 23rd, 1928.

UNIVERSAL RINGWORM.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—In your last Editorial you suggested that a certain treatment for ringworm was in almost universal use.

I have examined my own head and those of my more intimate acquaintance, and can assure you that the disease is less prevalent than you suggest.

I am,

Yours sincerely,

CHIEF ASSISTANT.

[It is extremely difficult even for a Chief Assistant to examine his own head adequately.—Ed.]

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ABERNETHY, D. A., B.M., B.Ch. "Hypertelorism in Several Generations." *Archives Disease in Childhood*, December, 1927.
- ALEXANDER, FREDK. WM., M.R.C.S.(Eng.), L.R.C.P.(Edin.), D.P.H. "Electricity in Medicine and Public Health, from Early Ages to Present Time—a *Résumé*." *Medical Officer*, November 26th, 1927.
- ATLEE, WILFRID, M.D., B.Ch., M.R.C.P. "Periostitis of the Metatarsus." *Archives Disease in Childhood*, December, 1927.
- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Edin.). "Treatment of Mallet Finger." *Clinical Journal*, December 21st, 1927.
- BOURNE, GEOFFREY, M.D., M.R.C.P. "The Liver Treatment of Pernicious Anæmia." *Practitioner*, December, 1927.
- BROOK, C. O. S. BLYTH, M.R.C.S., L.R.C.P., D.P.H. "The After-History of Sanatorium Treated Patients." *Medical Officer*, October 8th, 1927.
- BROWN, W. LANGDON, M.D., F.R.C.P. *The Endocrines in General Medicine*. London: Constable & Co., 1927.
- CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Dextrinuria: Its Clinical Significance." *Lancet*, December 31st, 1927.
- "Classification of Glycosuria from the Point of View of Insulin Treatment." *British Medical Journal*, December 3rd, 1927.
- CLARK, A. J., M.C., F.R.C.P., D.P.H. "The Historical Aspect of Quackery." *British Medical Journal*, October 1st, 1927.
- *Comparative Physiology of the Heart*. London: Cambridge University Press, 1927.
- CLARKE, C., D.S.O., M.B., F.R.C.S. "The Caliper Splint." *Journal of the Royal Army Medical Corps*, October, 1927.
- CUMBERBATCH, ELKIN P., M.A., B.M., B.Ch., D.M.R.E.(Camb.), M.R.C.P. *Diathermy*. 2nd edition. London: William Heinemann, 1927.
- DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. (and H. W. DUDLEY, O.B.E., M.Sc., Ph.D.). "An Active Constituent of the Preparation called 'Glukhorment.'" *British Medical Journal*, December 3rd, 1927.
- DUNDAS-GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "Nasal Disease in Relation to Asthma." *Practitioner*, December, 1927.
- DUNHILL, T. P., C.M.G., M.D., Ch.B. "The Place of Surgery in the Treatment of Toxic Goitre." *British Medical Journal*, October 29th, 1927.
- ECCLES, W. McADAM, M.S., F.R.C.S. "Gas in the Peritoneal Cavity." *British Medical Journal*, December 10th, 1927.
- FINZI, N. S., M.B., D.M.R.E.(Camb.). "X-Rays and Radium in the Treatment of Carcinoma of the Breast." *British Medical Journal*, October 22nd, 1927.
- FLETCHER, Sir WALTER, K.B.E., F.R.S., M.D.; F.R.C.P. "Dental Research and its Service to the Nation." *Lancet*, October 8th, 1927.
- FOULERTON, ALEXANDER G. R., O.B.E., F.R.C.S. (and GEORGE F. STEBBING, M.B., B.S.). "Fractures of Metatarsal Bones by Indirect Violence, with Special Reference to Avulsion Fracture of the Tubercle of the Fifth Metatarsal." *Lancet*, December 10th, 1927.
- FRASER, FRANCIS R., M.D., F.R.C.P.(Edin.). "The Part Played by Calcium in the Living Organism." *British Medical Journal*, October 29th, 1927.
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- GARROD, Sir ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "The Huxley Lecture on Diathesis." *Lancet*, November 26th, 1927.
- GASKELL, JOHN F., M.D., D.P.H. "Bradshaw Lecture on the Pathology of Pneumonia." *Lancet*, November 5th, 1927.
- GROVES, ERNEST W. HEY, M.S., M.D., B.Sc., F.R.C.S. *A Synopsis of Surgery*. 8th edition. Bristol: John Wright & Sons, 1927.
- "The Hospitals of Madrid: A 'Busman's Holiday.'" *Bristol Medico-Chirurgical Journal*, Autumn, 1927.
- HADFIELD, GEOFFREY, M.D., M.R.C.P. "The Pathology of Coronary Occlusion." *Bristol Medico-Chirurgical Journal*, Winter, 1927.
- (E. BARTON WHITE, M.R.C.S., L.R.C.P., and G. H.). "Observations on Pellagra." *Clinical Journal*, November 9th, 1927.
- (R. C. CLARKE, C. F. COOMBS, G. H. and A. T. TODD). "On Certain Abnormalities, Congenital and Acquired, of the Pulmonary Artery." *Quarterly Journal of Medicine*, October, 1927.
- HALL, ARTHUR J., M.A., M.D., F.R.C.P. "Rate of Movement in Post-Encephalitic Parkinsonism." *Lancet*, November 12th, 1927.
- HANNAN, JOHN H., M.A., M.D., B.Ch. "The Use of Sodium Veronal at the Menopause." *Practitioner*, October, 1927.
- HARRISON, G. A., B.A., M.D. (and W. G. WYLLIE, M.D., M.R.C.P.). "On the Clinical Value of Blood Analysis in Nephritis in Childhood." *Archives Disease in Childhood*, December, 1927.
- (and W. P. H. SHELDON, M.D., M.R.C.P.). "Fæcal Fat Analysis in Children." *Archives Disease in Childhood*, December, 1927.
- HERBERT, FRED A. K., M.A., M.B., B.S. "Histological and Chemical Study of a Case of Sclerema Neonatorum and its Relation to Fat Necrosis." *Archives Disease in Childhood*, December, 1927.
- HILL, NORMAN H., M.D., M.R.C.P. "A Case of Complete Absence of Gall-bladder and Extrahepatic Bile-ducts." *Lancet*, September 24th, 1927.
- HOGARTH, R. G., C.B.E., LL.D., F.R.C.S. "The Doctor's High Calling." *Lancet*, October 8th, 1927.
- HURRY, J. B., M.A., M.D. "The Tutelary Deity of Medicine; the Claims of Imhotep." *British Medical Journal*, March 31st, 1928.
- HUTT, C. W., M.A., M.D., D.P.H. *International Hygiene*. London: Methuen & Co., 1927.
- LLOYD, ERIC I., M.B., B.Ch., F.R.C.S. "Treatment of Congenital Stenosis of the Urinary Meatus (Pin-hole Meatus)." *Lancet*, December 10th, 1927.
- "Unusual Forms and Complications of Intussusception: Five Cases." *Clinical Journal*, October 5th, 1927.
- LOVATT EVANS, C., D.Sc., M.R.C.S., L.R.C.P., F.R.S. (and ISOLDE T. ZECHWER). "On the Nature of the Hyperglycæmia Response to Injections of certain killed Bacteria." *British Journal of Experimental Pathology*, August, 1927.
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- MORETON, A. L., M.S., F.R.C.S. "On 'Growing Pains,' or Some Points in the Diagnosis of Certain Chronic Affections in and around the Joints of Children." *Clinical Journal*, September 28th, 1927.
- MORGAN, C. NAUNTON, F.R.C.S. "Some Practical Considerations in the Pathology, Diagnosis, and Treatment of Ano-Rectal Fistula." *Clinical Journal*, November 23rd, 1927.
- MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "An Investigation on the Analysis of Human Milk." *British Journal of Children's Diseases*, October-December, 1927.
- PARAMORE, R. H., M.D., F.R.C.S. "Chronic Nephritis, Accidental Hæmorrhage and Eclampsia." *Journal of Obstetrics and Gynaecology British Empire*, Winter Number, 1927.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Certain Works of Chirurgie by Thomas Gale, Master in Chirurgie." *British Journal of Surgery*, October, 1927.
- "A Proved Practice for all Young Chirurgians by William Clowes, Maister in Chirurgie." *British Journal of Surgery*, January, 1928.
- "The Training of a Surgeon." *Practitioner*, October, 1927.
- RIVIERE, CLIVE, M.D., F.R.C.P. *Pneumothorax and Surgical Treatment of Pulmonary Tuberculosis*. 2nd edition. London: Humphrey Milford, Oxford University Press, 1927.
- ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., F.R.C.P. "The Meaning and Methods of Success." *Lancet*, October 8th, 1927.
- "Presidential Address of the British Institute of Radiology and Röntgen Society." *British Medical Journal*, November 19th, 1927.

ACKNOWLEDGMENTS.

St. George's Hospital Gazette (vol. xxvi, April, 1928)—*New York Academy of Medicine Annual Report for 1927—Report of Manchester Royal Infirmary for year ended December 31st, 1927—Giornale della Reale Società Italiana D'Igiene* (January, February, March, 1928)—*Nursing Times* (March 3rd, 10th, 17th, 24th, 31st, April 7th, 14th, 1928)—*U.C.H. Nurses' League Magazine* (vol. iii, No. 2, April, 1928)—*British Journal of Nursing* (March, April, 1928)—*Revue de Médecine* (No. 1, March, 1928)—*Hospital Gazette* (April, 1928)—*St. Thomas's Hospital Gazette* (December, 1927, and January, 1928)—*Guy's Hospital Gazette* (February 25th, March 10th, 24th, 1928)—*St. Mary's Hospital Gazette* (January, 1928)—*Charing Cross Hospital Magazine* (March, 1928)—*Post-Graduate Medical Journal* (March, April, 1928)—*The Student, International Number* (February 22nd, 1928), vol. xxiv, No. 8)—*The Queen's Medical Magazine* (Birmingham Medical School) (March 7th, 1928)—*London Hospital Gazette* (February, March, 1928)—*U.C.H. Magazine* (February, March, 1928)—*Middlesex Hospital Journal* (March, 1928)—*New Troy* (March 1st, 15th, 1928)—*Kenya and East African Medical Journal* (February, 1928)—*Clinical Excerpts* (January, February, 1928)—*The Medical Review* (February, March, 1928)—*University of Toronto Medical Journal* (March, 1928)—*Broadway or Westminster Hospital Gazette* (Spring, 1928).

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees. March, 1928.

Part II. Human Anatomy, Physiology and Pharmacology.—Angel, R. E., Cohen, P., Cunningham, G. J., Dean, D. M., George, W. F. T., Great-Rex, J. B., Hackett, L. J., Hargreaves, W. H., Hogg, W., Ishmael, D. T., Keane, C. A., Knight, B. W., Langston, H. H., McGladdery, W. F., Marshall, S. F., O'Connell, J. E. A., Patrick, F. L. L., Rodgers, H. W., Staunton, A. A., Sugden, A., Taylor, J. T. C., Wells, G.

ROYAL COLLEGE OF SURGEONS.

The following has been admitted a *Fellow*, as a member of 20 years' standing:

Sir Matthew Henry Gregson Fell, K.C.B., C.M.G., Director General A.M.S.

CONJOINT EXAMINATION BOARD.

First Examination. March, 1928.

Anatomy and Physiology.—Andreasen, A. T., Cusack, M. K., Jaensch, F. J., Mansi, R. L., Young, P. L.
Anatomy.—Robertson, H. D., Rowe, J. T.
Materia Medica and Pharmacology.—Stephens, J. E. S., Sturgess, G. W.

CHANGES OF ADDRESS.

BENNION, J. M., Nursted House, Petersfield, Hants.
DALTON, C. H. C., 41, Fonnereau Road, Ipswich.
HALE, G. S., Jodwar, Turkana, Kenya Colony.
HINTON, W. S., 773, Becontree Avenue, Chadwell Heath, Essex.
KITCAT, C. DE WINTON, Lamorna, 16, De Cham Road, St. Leonards-on-Sea. (Tel. Hastings 541.)
LOVEDAY, G. K., Somerset House, Vermeulen Street, Pretoria, S. Africa.
ROSS, J. PATERSON, 110, King Henry's Road, Hampstead, N.W. 3. (Tel. Primrose Hill 4121.)

APPOINTMENTS.

BELLERBY, O. H., M.R.C.S., L.R.C.P., appointed House Physician to the West London Hospital, Hammersmith.
BROOK, C. W., M.R.C.S., L.R.C.P., appointed Anæsthetist to Queen Mary's Hospital for the East End.
CRUDEN, W. V., M.R.C.S., L.R.C.P., appointed Senior House Physician to the Belgrave Hospital for Children, S.W. 9.
ROBB, W. A., M.D. (Lond.), M.R.C.P., appointed Assistant Physician to St. John's Hospital, Lewisham.

BIRTHS.

BROCKMAN.—On March 24th, 1928, at a nursing home, to Estelle, wife of R. St. Leger Brockman, F.R.C.S., of 6, Lawson Road, Sheffield—a son.
BROOK.—On March 17th, 1928, at 24, Boundaries Road, Balham, S.W. 12, to Iris (*née* Beynon), wife of Dr. Charles Wortham Brook, a son (Charles Peter Beynon).
COUCHMAN.—On April 10th, 1928, at Buryfield, Upton-on-Severn, Doris, wife of Hugh J. Couchman, M.B., B.Ch., of a son.
GARROD.—On April 18th, 1928, to Marjorie, wife of Dr. Lawrence P. Garrod, 68, Gloucester Terrace, W. 2—a son.
HATTERSLEY.—On March 31st, 1928, at Aldershot, Vera, wife of Major S. M. Hattersley, R.A.M.C., of a son.
HOSFORD.—On March 30th, 1928, at 75, Hornsey Lane Gardens, Highgate, N. 6, to Nora (*née* Randall), wife of Reginald W. P. Hosford, F.R.C.S.—a son (David Randall).
LE GROS CLARK.—On March 27th, 1928, at "The Thorns," Digswell, Welwyn, to Freda, wife of Prof. W. E. Le Gros Clark—a daughter.
WELLS.—On April 2nd, 1928, at Belvedere House, Danbury, Chelmsford, to Joyce (*née* Beaumont), wife of J. Pascoe Wells, M.A., M.B.—a daughter.

MARRIAGES.

KERR—INGRAM-ROBB.—On March 3rd, 1928, at Penzance, Cornwall, Arthur Kenneth Kerr, M.R.C.S., L.R.C.P., younger son of Charles P. Kerr and Mrs. Kerr, of Truro, to Muriel Alexander Ingram, second daughter of Mrs. T. A. Robb and the late Mr. Andrew Robb, of Johannesburg, South Africa, and Portrush, Ireland.
QUENNEL—CHAMEN.—On April 18th, 1928, at St. Paul's Church, Bentley, by the Venerable the Archdeacon of Southend, the Rev. L. B. Shephard, and the Rev. W. Lewis, William Eyre Hamilton, only son of R. W. Quennell, M.R.C.S., L.R.C.P., and the late Mrs. Quennell, to Margaret Dorothea, elder daughter of Mr. and Mrs. Herbert Chamen, of Millfield, near Brentwood.
TOOTH—STORRS.—On Wednesday, April 11th, 1928, at St. Barnabas Church, Tunbridge Wells, by the Rev. H. S. Iredell, assisted by Canon J. M. Ballard and Rev. W. J. Torrance, Ronald Stanley, only son of Mr. and Mrs. Stanley Tooth, of Clare Glen, Buxted, to Elizabeth Townsend Storrs, second daughter of Mr. and Mrs. Townsend Storrs, of Hall Gate, Tunbridge Wells.

SILVER WEDDING.

HULBERT—BROOKE.—On April 7th, 1903, at the Cathedral, Bombay, Joseph George Hulbert, Captain, Indian Medical Service, son of John Henville Hulbert, of Stokes Hill Lodge, Hants, to Elsie Frances, daughter of Alexander Brooke, of Craven Hill Gardens, W.

DEATHS.

HULBERT.—On April 18th, 1928, at the Villa Jeannette, Grasse, France, after much suffering most bravely borne, Henry Louis Powell Hulbert, M.D., dearly beloved husband of Edith Warcing Hulbert (*née* Bardsley), and second son of the late Charles Augustus Hulbert, Hon. Canon of Peterborough, aged 57.
PACKMAN.—On Easter Sunday, 1928, at a nursing home, Alfred Charles Augustus Packman, M.D., J.P., for 41 years in practice at Rochester, aged 64.
PRICKETT.—On April 16th, 1928, Marinaduke Prickett, M.D., eldest son of the late Thomas Prickett, of Bridlington, aged 84.
WILLETT.—On April 12th, 1928, at Spyways, Hartfield, Edgar William Willett, M.D., F.R.C.S., aged 72.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone City 0510.